

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09827487	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/		1				51					
2				1			52					
3							53					
4							54					
5							55					
6							56					
7							57					
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15							65					
16							66					
17							67					
18							68					
19							69					
20							70					
21	/		1				71					
22		1		1			72					
23		1		1			73					
24	/		1				74					
25	1		1				75					
26	/		1				76					
27	1		1				77					
28							78					
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42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	4						TOTAL IND.					
TOTAL DEP.	23						TOTAL DEP.					
TOTAL CLAIMS	27						TOTAL CLAIMS					
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS												